

Speech by CS at Hong Kong Philharmonic Orchestra 2018/19 Season Opening

Following is the speech by the Chief Secretary for Administration, Mr Matthew Cheung Kin-chung, at the Hong Kong Philharmonic Orchestra (HK Phil) 2018/19 Season Opening today (August 31):

Chairman Y S Liu (Chairman of Board of Governors of the HK Phil), Mr Merlin Swire (Chairman of Swire Pacific), Ms Christine Ip (Chief Executive Officer of Greater China, United Overseas Bank), Mr Michael MacLeod (Chief Executive of the HK Phil), distinguished guests, ladies and gentlemen,

Good evening. It is my great honour to join you all here at the opening concert of the Hong Kong Philharmonic Orchestra. First and foremost, I would like to extend my heartfelt congratulations to the Orchestra on the commencement of its 45th season.

The HK Phil is one of the finest orchestras in Asia. It has delivered performances of the highest artistic quality and offered music enthusiasts a series of fantastic programmes over the years. Last year, in celebration of the 20th anniversary of the establishment of the HKSAR, and with support of the Hong Kong Economic and Trade Offices, the orchestra performed in Seoul, Osaka, Singapore, Melbourne and at the Sydney Opera House.

In January this year, under the dynamic leadership of Music Director master Jaap van Zweden, HK Phil completed the universally critically acclaimed epic "Ring Cycle", taking the orchestra to a new height of artistic excellence.

The HK Phil annually touches the lives of over 200 000 music lovers through more than 150 performances including a full-time annual schedule of core classical repertoire and innovative popular programming, extensive education activities and community outreach activities for people of all ages, free concerts including the popular Swire Symphony under the Stars and regular broadcasts and telecast, as well as collaboration with Opera Hong Kong, the Hong Kong Arts Festival and the Hong Kong Ballet, enriching the cultural life of the Hong Kong community and bringing the joy of classical music to our people and visitors alike.

The Hong Kong Special Administrative Region Government is committed to promoting arts and cultural development in Hong Kong and has been providing funding for the nine major performing arts groups, including the HK Phil. This year, we have allocated an additional funding of \$55 million to support these nine performing arts groups and other small and medium arts groups funded by the Hong Kong Arts Development Council. We have also injected an additional \$500 million into the Art Development Matching Grants Pilot Scheme and have relaxed its matching parameters to encourage donations from the business and private sectors in support of the development of arts groups.

However, Government's efforts alone are never enough. I am pleased to note that the Swire Group in particular has been the Principal Patron of the HK Phil since 2006. I would also like to pay tribute to UOB for sponsoring the Opening Night. The Orchestra also receives long-term funding from the Hong Kong Jockey Club Charities Trust and other supporters of the local community. The enduring support from music lovers and different sectors of the community will certainly continue to propel the HK Phil forward and scale new heights in the years to come.

On this encouraging note, I wish the Hong Kong Philharmonic Orchestra again a resounding success in the new season and all of you a very pleasant and melodious evening.

Queen Elizabeth Hospital announces investigation findings on sentinel event

The following is issued on behalf of the Hospital Authority:

The spokesperson for Queen Elizabeth Hospital (QEH) today (August 31) announced the findings and recommendations of the Investigation Report regarding a sentinel event of a case of barium enema examination:

Arrangements were made for a 79-year-old female patient with chronic illness to undergo a barium enema examination on July 4, at QEH. A radiographer tried to insert the enema tip into the patient's anus but had improperly inserted it into her vagina. The radiographer did not check the inserting position and received a verbal confirmation from the patient that the enema tip was within her rectum. The radiographer then inflated the retention cuff (or balloon) of the enema to avoid leakage of barium during the examination. After instillation of barium to the catheter, a radiologist found in X-ray images the presence of barium inside the patient's pelvis, suspecting that the enema tip was improperly inserted into the vagina. The radiologist immediately stopped the examination and asked a radiographer to check the position of the enema tip. The radiographer removed the enema tip after discovering that it was inserted into the vagina. The radiologist immediately examined the patient and found blood stained barium contrast in the patient's perineum.

Medical staff from Department of Diagnostic Radiology and Imaging immediately escorted the patient to the Accident and Emergency Department. An urgent computed tomography scan was arranged. The result showed that barium existed in her vagina, uterine cavity and bilateral fallopian tubes, and there were also possible signs of vaginal tear. After a joint assessment by

a surgeon, gynaecologist and intensivist, an emergency operation was conducted to suture laceration of her vagina, for removal of residual barium and bilateral salpingectomy in order to avoid the risk of peritonitis. The patient was stable after the operation. She made a satisfactory recovery and was discharged on July 24.

Following the incident, the hospital reported the incident to the Hospital Authority (HA) Head Office through the Advance Incident Reporting System. The incident was classified as a sentinel event. QEH has set up a Root Cause Analysis (RCA) Panel to investigate the incident. After a thorough investigation, the Panel has made the following conclusions:

1. During the insertion of the enema tip, the radiographer did not see clearly the patient's perineum. A visual check was not performed after insertion either. The radiographer should identify the patient's anus before and immediately after inserting the enema tip to prevent a similar incident from happening again.
2. In this incident, the inflated retention cuff (or balloon) of the enema tip caused injuries to the vagina and forced the barium into the uterine cavity and the fallopian tubes.
3. The incident was a rare one according to the medical literature.

The Panel has made the following recommendations to QEH and the HA to enhance patient safety:

1. Review and revise the workflow of the barium enema examination to ensure that:

- After the insertion of the enema tip, another radiographer or a radiologist should reconfirm its position.
- The retention cuff is inflated only after confirmation of the correct position of the enema tip by a doctor. The inflation of the retention cuff should be assessed based on the benefits, risks and needs of individual patients.

2. Share the incident with all staff members of Department of Diagnostic Radiology and Imaging and the lessons learned in formal meetings.

QEH has explained the investigation results to the patient's family and delivered an apology again. The hospital will continue to maintain close communication with them and provide the necessary assistance.

The hospital has accepted the Panel's findings and recommendations, and submitted the investigation report to the HA Head Office. QEH will follow up the case according to prevailing human resources policies. The Department of Diagnostic Radiology and Imaging has formulated and implemented the new guidelines immediately after the incident. After insertion of the enema tip, the radiographer should confirm the correct position of the enema tip with the patient, while another radiographer or radiologist will make a second confirmation before proceeding with the examination.

The hospital expressed its gratitude to the Chairman and members of the RCA Panel. Membership of the Panel is as follows:

Chairman

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Dr Danny Cho

Chief of Service, Department of Diagnostic and Interventional Radiology,
Kwong Wah Hospital, Tung Wah Group of Hospitals Wong Tai Sin Hospital and Our
Lady of Maryknoll Hospital

Members

Dr Lo Kit-lin

Chief of Service, Department of Radiology and Organ Imaging, United Christian
Hospital

Ms Anna Mak

Senior Radiographer, Department of Radiology, Queen Mary Hospital

Ms Cora Wong

Nursing Officer, Department of Diagnostic Radiology, Alice Ho Miu Ling
Nethersole Hospital / North District Hospital

Mr Apollo Wong

Department Manager, Department of Diagnostic and Interventional Radiology,
Kwong Wah Hospital

Dr Jackie Chau

Senior Manager (Patient Safety and Risk Management), HA Head Office

EMSD responds to findings of investigation into MTRCL staff assessment mechanism

The Electrical and Mechanical Services Department (EMSD) today (August 31) made the following response with regard to the investigation report submitted by the MTR Corporation Limited (MTRCL) on its assessment mechanism for the qualification of Engineer's Person-in-charge (EPIC):

The Government has always accorded top priority to railway safety and has put in place a stringent regulatory system. The EMSD regulates and monitors the safe operation of the railway system according to the Mass Transit Railway Ordinance and its subsidiary regulations, including monitoring the qualifications and training of railway staff. After learning

in June this year of the alleged collective cheating in the MTRCL's EPIC course examinations, the EMSD immediately requested the MTRCL to carry out an investigation into the allegations. The EMSD has in parallel conducted an independent investigation.

The investigation carried out by the EMSD found no evidence that suggested examination leakage or collective cheating by examination candidates, though it does find there is room for improvement concerning the examination system. The EMSD has requested the MTRCL to implement various improvement measures and will closely monitor the MTRCL in implementing these measures in a timely manner, including carrying out random inspections to ensure that the examination system concerned is robust in order to safeguard the safe operation of the railway system.

Transcript of remarks by STH

Following is the transcript of remarks by the Secretary for Transport and Housing, Mr Frank Chan Fan, at a media session after attending the Legislative Council Panel on Transport special meeting today (August 31):

Reporter: But shouldn't that be something the Government should be well aware of, how the MTRC supervises its projects, instead of not knowing, like with so many unknowns right now? Doesn't that indicate there is something wrong with the supervision mechanism on the Government's side, on the Government's part?

Secretary for Transport and Housing: We are open to all kinds of possibilities, including whether or not and how we would be able to be aware of what's happening in the past. Basically, we are of the view that there are very likely deception and hiding of facts in the process. This is something not within the system, because all management systems are basically based on trust and of course there are checks and balances. But somehow the system doesn't work this time and we will look into that, as to how the MTR (Corporation) as well as the Government team should improve in future.

(Please also refer to the Chinese portion of the transcript.)

Cluster of Rhinovirus cases in Siu Lam

Hospital

The following is issued on behalf of the Hospital Authority:

The spokesperson for Siu Lam Hospital made the following announcement today (August 31):

Three patients (aged 19 to 58) and a staff member in a male ward for severe intellectual disability have presented with respiratory symptoms since August 28. Appropriate viral tests were arranged for the patients and their test results were positive for Rhinovirus. The patients concerned are being treated under isolation and are in a stable condition. The staff member has recovered and resumed duty.

Admission to the ward has been suspended and restricted visiting has been imposed. Infection control measures have already been stepped up according to established guidelines. All other patients in the ward are under close surveillance.

The cases have been reported to the Hospital Authority Head Office and the Centre for Health Protection for necessary follow-up.